

10/563657

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22	1						72						
23		0					73						
24	1						74						
25		1					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30	1		1				80						
31		1					81						
32		1					82						
33		2					83						
34	1		1				84						
35		1					85						
36		3					86						
37		0					87						
38		0					88						
39		0					89						
40	1		1				90						
41		1					91						
42		0	1				92						
43		0					93						
44		0					94						
45		0					95						
46		0					96						
47		0					97						
48		0					98						
49		0					99						
50							100						
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	30	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			35				TOTAL CLAIMS						